

**TRANSAMERICA LIFE INSURANCE COMPANY - NAIC 86231**
**LTC Individual - Comprehensive - Tax Qualified**

POLICY FORM: TLC 2-P CA 0410

**1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.**

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
YES	YES	YES	YES	YES	YES	NO	NO	YES

MPB Company Notes:	365, 730, 1095, 1460, 1825, 2190 (Number of Days) times the Nursing Facility Daily Benefit = 36500, 73000, 109500, 146000, 182500, 219000_. Other Notes: Insured may select any policy maximum up to an equivalent of 6 years with a minimum of 1 year. For example, a daily benefit of \$200 with a maximum benefit of \$250,000 may be selected and will provide \$200 per day for 1250 days.
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**2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.**

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$50	\$400	\$10	YES	NO	NO	NO	NO

NHB Company Notes:	Enter Notes: None reported by the company.
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**3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.**

100%	90%	80%	75%	70%	Other
NO	NO	NO	NO	NO	NO

RCFE Company Notes:	Enter Notes: Facility benefit covers nursing homes and residential care facilities
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**4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.**

100%	90%	80%	75%	70%	60%	50%	None	Other
YES	NO	NO	NO	NO	NO	NO	NO	NO

HCB Company Notes:	Enter Notes: None reported by the company.
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**5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.**

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO Company Notes:	Not Applicable: This LTC policy form is not a Home Care Only policy.
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**6. Qualification for Benefits (QB)**

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES	NO	NO	NO	NO	NO	NO

QB Company Notes:	The need for human assistance or continual supervision to perform at least ____2____ of ____6____ Activities of Daily Living.
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**7. Elimination Period (EP) = In days Select all that applies.**

0	20	30	60	90	100	CALENDAR	SERVICE	Other
YES	NO	YES	YES	YES	NO	No	Yes	YES

EP Company Notes:

Enter Notes: 180 day EP available

**8. Inflation Protection (IP)**

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
<p>Explain IP Methodology: Compound Inflation: On each anniversary of the effective date of this rider, the maximum benefit and the daily benefit will be increased by 3% or 5%. The premium will not increase. Step-rated Compound Inflation: On each anniversary of the effective date of this rider, the maximum benefit, the daily benefit, and the premium will be increased by 3% or 5%.</p>	YES	NO	NO	YES

IP Company Notes:

3% and 5% Compound, 3% and 5% Step Rated Compound

**9. Waiver of Premium (WAVP)**

Enter Notes: If you are receiving benefits under the Facility or Home Health Care provisions, or if you are receiving the cash benefit.

**TRANSAMERICA LIFE INSURANCE COMPANY - NAIC 86231****Long Term Care Insurance Rates**

POLICY FORM: TLC 2-P CA 0410

LTC Individual - Comprehensive - Tax Qualified

ISSUE AGE	30 Day Elimination Period - Service				90 Day Elimination Period - Service				
	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	
	50	\$873	\$3,318			\$743	\$2,824		
	55	\$1,042	\$3,574			\$887	\$3,042		
	60	\$1,440	\$4,364			\$1,226	\$3,714		
	65	\$2,145	\$5,213			\$1,826	\$4,436		
	70	\$3,294	\$6,390			\$2,803	\$5,439		
	75	\$5,546	\$9,207			\$4,720	\$7,836		
	80								

**Customer Service Telephone Number:**

(800) 338 - 0257